**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 7**

**PERSONAL INJURY PARTICULARS**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**CLAIMANT** :

**DEFENDANT** :

**CLAIMANT'S DETAILS -**

Date of birth ‑      Present age ‑

Occupation ‑

Marital status ‑

Dependant Children ‑

Educational, trade or other occupational qualifications ‑

**ACCIDENT OR INCIDENT DETAILS**

Date of accident or incident ‑

Place of accident or incident ‑

Type of accident or incident

{e.g. motor vehicle, assault, work injury etc.} ‑

If the accident was a motor vehicle accident was the Claimant

1. a driver/motor cyclist [ ]
2. a passenger/pillion [ ]
3. a cyclist [ ]
4. a pedestrian [ ]
5. or other (specify):

**GENERAL DAMAGES**

Part of body injured ‑

Describe nature of the injury [e.g. broken bone, sprain, bruising, ligamentous etc.] ‑

Filed by or on behalf of ..................…………...............................................whose address for the service of documents is:..........................................................................................................
Phone: Fax: DX:
Contact:

Describe any scars ‑

Describe any parts of body lost [e.g. tooth, eye, finger, leg, etc.] ‑

Dates of period spent in hospital [if more than one period ‑ particularise] ‑

Period off work

Give dates and name and address of employer ‑

Describe any loss of ability to perform:

[a] Domestic task, type of task and for how long ‑

[b] Recreational activity ‑ type of activity and how long [e.g. sport, gardening, etc.] ‑

Describe any symptoms still being experienced ‑

State the highest permanent disability stated by your medical advisers.

Do your medical advisers state that you have any psychiatric problems caused by the accident ? ‑YES [ ]  NO [ ]

**PREVIOUS INJURY**

If the injury caused in the accident or incident affected a previous injury give the following details:

Date of previous injury ‑

Nature of previous injury ‑

Give details of any compensation received for the previous injury. If court proceedings were issued with respect to that previous injury identify the court, give the court action number and the result ‑

Describe any workers compensation payments in relation to the previous injury and the period[s] in respect of which the payments were made ‑

**INJURY THAT HAPPENED LATER**

If the injury caused in the accident or incident has been affected by a later injury give the following details:

Date of later injury ‑

Nature of later injury ‑

If the later injury has been the subject of litigation etc. give details of any compensation claimed and any compensation received. If court proceedings have been issued in respect of that later injury, identify the court, give the court action number and the result. (You may get this information from the Court you used).

Describe any workers compensation payments in relation to the later injury and the period[s] in respect of which the payments were made ‑

**MEDICAL TREATMENT AND EXPENSES**

Give details of the names and addresses of all medical practitioners, dentists, physiotherapists, chiropractors, psychologists and other health professionals whom the Claimant has consulted in relation to the injury caused by the accident or incident with the dates of each consultation. If a claim is being made for the cost of any consultation fill in the last two columns and be prepared to produce receipts for each amount claimed.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address | Dates consulted | Fee | Tick if paid |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

IMPORTANT NOTICE ‑ If you intend to call any medical or similar witnesses at the trial you must obtain a written report from the proposed witness and supply a copy of that report within twenty‑one [21] days of receiving the report to the Court and the defendant.

**LOSS OF INCOME**

Give the following details:

Name and address of employer on the date of the accident or incident ‑

Approximate date of commencement of the employment held at the date of the accident or incident ‑

Period off work as a result of the injury, if more than one period give details ‑

Describe any change of duties resulting in a loss of income as a result of the injury, the loss of income after tax and the period during which the loss occurred ‑

Describe if any money received from workers compensation, Department of Social Security, insurance or other compensation received with respect to loss of income and give details of the periods to which it related ‑

Give your gross annual taxable income and the total income tax paid with respect to that income for the three financial years immediately prior to the accident or incident ‑

Give your gross annual taxable income and the total income tax paid with respect to that income in relation to the financial years in respect of which any loss of income is claimed ‑

Describe attempts made by you to obtain alternative employment since the accident or incident.

**FUTURE LOSS OF INCOME**

Give details of any disability arising from the accident or incident which will in the future affect your ability to earn income and the expected effect ‑

**CLAIM FOR DOMESTIC HELP**

Describe the periods in respect of which any other domestic help was obtained and the person supplying the help and any money paid to them ‑

**LOSS OF AMENITIES OF LIFE**

Give details of how your ability to lead a normal life was significantly impaired by the injury and the periods of such impairment.

**SUMMARY OF MONETARY CLAIMS**

For each of the following headings state the amount claimed and how you worked it out.

Special damages, medical and other treatment expenses ‑ $

Loss of past income ‑ $

I,       of

MAKE OATH AND SAY that the information contained in this form is true and correct to the best of my knowledge and belief.

SWORN at      )

the       day of       20     .)

Before me:

Note: The Claimant and witness must sign and date each page.